Texas WIC News

Special Supplemental Nutrition Program for Women, Infants, and Children
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Help Prevent Cancer With Healthy Choices

How WIC can promote healthy weight

By Mike Montgomery
Texas WIC Director

WIC can play a major role in promoting healthy weight in Texas. Our participants are at points in their lives where they are making many important family decisions regarding nutrition and physical activity. We can maximize this potential by always making the most of opportunities to educate our clients.

As we move forward with the business of educating, it is important to focus on positive, health-centered messages, along with promoting good parenting skills and the benefits of physical activity. When we do this in a caring manner, we help make families aware that healthy behaviors can be a strengthening force in their lives. As health professionals, we abide by the "do no harm" philosophy, being careful not to label or categorize participants with undesirable terms, such as "fat" or "heavy." Counseling and assessments should always be conducted in a private atmosphere. Treating all of our WIC participants with care and respect, no matter what their size, will help our clients receive and understand the messages.

As we learned in the teleconference, *On the Road to Excellence*, changing behavior is one of our ultimate goals in WIC. This is enhanced by caring, likable, friendly staff who show genuine concern for our participants, understanding that everyone is at a different place on their road to change. It is sometimes difficult to make this extra effort as we struggle with increasing caseloads, but it is rewarding to help the people our program serves make healthy and lasting changes in their lives. As we persuade WIC participants to make lifestyle changes, such as turning off the television, increasing physical activity, choosing low-fat milk, we have the responsibility to promote healthy choices in a positive way.

How can we talk the talk and walk the walk in WIC? We know that even as WIC staffers try to teach a healthy lifestyle, some struggle with the same weight issues as the clients. We certainly can't all be expected to look like we spend hours in the gym or running marathons, but we can exhibit healthy behaviors such as walking during breaks, not smoking, eating healthy foods in the clinics, and, most importantly, being friendly and likable. These simple steps will help our WIC participants realize that we are all in this together.

In this issue . . .

Articles & Features

Columns

Cover photo by Chris Coxwell, design by Lorise Grimball

Texas WIC NEWS

Mike Montgomery
Chief
Bureau of Nutrition Services

Barbara Keir, M.A., R.D.
Director
Division of Public Health Nutrition and Education
Bureau of Nutrition Services

John Dombroski
Director
Division of Health Communications
Bureau of Support Services

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Mary Van Eck
Editor

Contributing Writers:
Amy Case, Laurie Coker, Krista Van Dine, Elaine Goodson, Matthew Harrington, Amanda Hovis, Ana Kraft, Joyce Leatherwood, Mike Montgomery, Pat Ogle, Roxanne Robison, Jewell Stremler, Eaton Wright

Brent McMillon, Irma Choate, Lorise Grimball, Sharon Hipp
Graphic Design Support

Chris Coxwell
Photographer

Joyce Leatherwood
Publication Coordinator

Health and Human Services Printing Services
Printing

Elsa Johnson
Subscriptions and Distribution

WIC Warehouse, TDH Automation Mailroom
Mailing

ProtectTexas™
Texas Department of Health

Texas Department of Health
Bureau of Nutrition Services
1100 West 49th St., Austin, TX 78756
<http://www.tdh.state.tx.us/wic/mainpage.htm>

Editorial comments may be sent to the editor at the above address or by e-mail to <mary.vaneck@tdh.state.tx.us> or call (512) 458-7111, ext. 3484.

Local agency spotlight: LA 42

By Joyce Leatherwood
***Texas WIC News* Publications Coordinator**

Local Agency 42 has risen to the challenge of the increased demand.

Local Agency 42 serves Williamson County, just north of Austin. The staff serves over 5,200 WIC clients each month, working from five locations. Williamson County is very diverse in its economic base, from headquartering Dell Computers in Round Rock to acres of rural farmland in several parts of the county. The smallest site, Bartlett Head Start, serves about 40 clients per month, while the largest site, Round Rock, serves nearly 2,000.

Tina Horkey, LA 42 WIC director, notes that client participation has increased by about 13 percent over the last year, and states "Our increase in participation over the last few years is mainly due to the growth of Williamson County — the fifth-fastest growing county in the U.S. — and the recent decline of the high-tech industries and some of the smaller companies in our area."

LA 42 has risen to the challenge of the increased demand. Ms. Horkey explains, "We work very closely with the rest of our agency, Williamson County and Cities Health District, and because of this we are able to make referrals and get our WIC clients benefits from other services they need."

Ms. Horkey is clearly proud of her staff and the work they do. She says, "WIC employees are some of the hardest working people I've ever met, and the staff here really proves that. All staff are trained to do income and residency screening, heights, weights, hemoglobins, and voucher issuance. We try to foster a team approach in everything we do."

Beginning in January 1999, to comply with the policy to extend hours by 20 percent, LA 42 implemented a new schedule that included Saturday morning WIC clinics, which have proven to be very successful, and instrumental in the continued increase in participation.

Those high-tech companies could learn something from LA 42 about employee retention. Jean Jackson, an administrative technician, has worked at LA 42 since 1978, when it first opened. She has seen three generations of WIC clients.

One of the nutritionists, Christina Delgado-Eberhardt, was a TDH dietetic intern last year, and is now the nutrition education coordinator. She has continued the creativity of the previous NE coordinator, Amanda Hovis. One such creative idea, the "You Choose It!" sheet, allows clients the flexibility to choose the nutrition education class they'd like to attend.

An increasing client caseload will not be news to many local agencies. But the creativity and the commitment to a team approach that have helped LA 42 cope may be helpful to others as they face new challenges in the world of WIC.

Central office spotlight: Laurie Coker

By Joyce Leatherwood
***Texas WIC News* Publications Coordinator**


Laurie Coker

Laurie Coker and a few dozen co-workers and friends celebrated her retirement from TDH in early February. After 24 years of work for the state, one might assume an easy transition into a peaceful after-work life is in store for Ms. Coker. That assumption would be wrong!

Her life, abridged: A degree in art, followed by two years of film acting in California where she and her husband "spent the day with Jeff Bridges once." A baby boy, then two, and Laurie and her family came back to Austin, where her husband studied at UT. Then divorce rocked her world. After a second divorce, and by then three small children to support, she began her career with the state.

CIDC, a program to aid chronically ill children (then called the Crippled Children's Division), was her first TDH job. Two years later, she was hired as a draftsperson in Radiation Control. Laurie enjoyed traveling with that job, meeting people in rural and south Texas, including rattlesnake farmers!

"We had to take soil, water, and air samples from fields near in situ uranium mines, and sometimes wore leather leggings to protect us from the snakes. Once we got in trouble because we had collected a wildlife sample, a kangaroo rat, which we preserved in the office freezer." People just don't have a sense of humor anymore.

After eight years in Radiation Control it was time to move on, and Laurie recalls fondly her pre-WIC time working with Drs. Beverly Koops and Patti Patterson in Family Health Services and the Integrated Client Encounter System (ICES).

"I almost didn't apply for the job in WIC," Laurie recalls. Hired as a breastfeeding promotion specialist, she says, "I would be writing and using my art background for the first time at TDH." Ten years later, she still writes, uses her art, and loves it.

"The best part is when I actually go out into the field and meet the moms and babies. I've met people from all over the world and seen how breastfeeding makes life better for families. That's a big benefit to working in WIC."

I asked her if she had any regrets. She replied, "I regret that I wasn't able to stay home with my children. Being a single mother and raising three children cramps your parenting. In an ideal world I would have been able to stay at home more or work from home some. Your children grow up so fast and then they're gone. That's why the work the breastfeeding team does is so important."

As for Laurie's easing into a peaceful, lazy, quiet retirement? Ha! "I write poetry, short stories, and children's stories. I love to act, so I'll be going on more auditions. I was in a play last year at the Gaslight Theatre in Lockhart and in another one there in April. I plan to volunteer in a WIC clinic and work with Girl Scouts (developing an Infant Nutrition badge), schools, and libraries to promote breastfeeding. I'm training to be a volunteer reader for the blind and dyslexic and in the fall I'll be a substitute teacher."

If you see a blond blur, that could be Laurie. Before she turned into a blur, I asked her if she had any closing thoughts about her retirement, her co-workers, about life's choices.

"I always thought that when I retired, I would reflect on my accomplishments throughout my career, but as I look back, I am touched by all of the people — they help you through raising your kids, everything. It means so much to me to look back and realize that the support of my co-workers had such a positive influence on my life. When you think of the friends you've made, you really don't have any regrets."

Physical activity can help reduce risk of cancer

By Amanda Hovis
Nutrition Education Consultant

The evidence is mounting! Physical activity can reduce your risk of developing cancer. Recent studies have linked physical activity to the prevention of colon, breast, prostate, lung, and endometrial cancers. For breast and colon cancer, researchers consider the evidence "conclusive."

Colon cancer

According to the American Cancer Society, over 107,000 people nationwide were diagnosed with colon cancer in 2002. Researcher Catherine Friedenreich found evidence for reduced colon cancer due to physical activity in 43–51 studies she reviewed, at an average risk reduction of 40–50 percent. A dose-dependent relationship between increased activity and decreased risk of colon cancer was also seen in 23 of 29 studies that looked for such a relationship.

Breast cancer

The American Cancer Society estimates over 200,000 women were diagnosed with breast cancer in 2002. Of the 44 studies Friedenreich reviewed on breast cancer, 32 showed that physical activity reduced the risk — on average, by 30–40 percent. As with colon cancer, a dose-dependent relationship was seen in 20 of 23 studies that looked for it.

Other types of cancer

Physical activity has also been linked to the prevention of prostate, lung, and endometrial cancers. Research suggests a 10–30 percent risk reduction for prostate cancer, but more study is warranted. More studies are also needed to determine the links between physical activity and preventing lung and endometrial cancers.

How does physical activity prevent cancer?

Researchers believe there are a variety of mechanisms. Physical activity …

- helps to prevent obesity, a risk factor for cancer.
- increases immune function.
- reduces the transit time for food in the intestinal tract, meaning a shorter contact time between carcinogens and intestinal walls. That might be important in preventing colon cancer.
- lowers fasting plasma-insulin levels and increases insulin sensitivity. Insulin insensitivity is a risk factor for cancer.
- may help cells divide at normal rates through its effects on insulin and insulin growth factors. Cancer occurs when cells grow at abnormal rates.
- helps to reduce the abdominal fat mass — with or without weight loss. The abdominal fat mass is very metabolically active and may play a role in cancer development.
- decreases the availability of sex hormones, such as estrogen and progesterone, in the blood. Researchers think that increased exposure to high levels of circulating hormones such as estrogen may contribute to breast, prostate, and endometrial cancers.
- encourages a healthy lifestyle. Physically active people are less likely to smoke or drink to excess. They are more likely to eat a healthful diet rich in fruits, vegetables, and low in fat.

Physical activity and cancer survival

Physical activity not only helps to prevent cancer, it also helps people survive the disease. Preliminary studies show that exercise before and after treatment may benefit cancer patients. Before-treatment exercise can enhance physical and

psychological functioning. After-treatment exercise can help improve cancer patients' quality of life and immune function.

Exercise recommendations

The American Cancer Society recommends moderate to vigorous physical activity — at least 30 minutes, 5 days a week. Thirty to 45 minutes of moderate to vigorous physical activity, 5 days a week or more, may further decrease your risk of breast and colon cancer. Include exercise as a part of your day to help keep cancer away!

Moderate exercise includes:

- walking
- dancing
- softball
- golf
- doubles tennis
- yard work

Vigorous exercise includes:

- running
- bicycling
- swimming
- soccer
- field hockey
- singles tennis

For more information: <http://www.cancer.org/docroot/home/index.asp>.

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Breastfeeding: the primary prevention of breast cancer

By Laurie Coker
Breastfeeding Promotion Specialist

About 470,000 women in developed countries and 320,000 women in developing countries were diagnosed with breast cancer in 1990.[1] According to a recent study, if women in developed countries had 2.5 children, on average, and breastfed each child for 6 months longer than they currently do, about 25,000 breast cancers (5 percent) would be prevented each year. If mothers breastfed each child for an additional 12 months, about 50,000 breast cancers (11 percent) might be prevented annually. These findings, published in the July 20, 2002 issue of *The Lancet*, are the result of a comprehensive, collaborative re-analysis of 47 epidemiological studies from 30 countries.

The study's lead researcher, Oxford University epidemiologist Valerie Beral, spoke of the findings' importance in a 2002 National Public Radio interview: "If in the future the mechanism of the protective effect of breastfeeding on breast cancer were understood, it might be possible to prevent breast cancer by mimicking the effect of breastfeeding therapeutically or in some other way. In the meantime, important reductions in breast-cancer incidence could be achieved if women considered breastfeeding each child for longer than they do now."

Beral suggested that low breastfeeding rates in Great Britain and the U.S. result from lack of support of the breastfeeding mother and baby. Sweden and Norway, whose rates are in the 90th percentile, receive full support from the medical community and government. To hear the interview, go to National Public Radio's online archives at <http://www.npr.org/ramfiles/totn/20020722.totn.01.ram>.

[1] Parkin, D.M., P. Pisani, and J. Ferlay. 1999. "Estimates of the Worldwide Incidence of 25 Major Cancers in 1990." *Int. J. Cancer* 80: 827–41.

Test Your Nutrition I.Q.

By Eaton Wright, B.S., NUT
Nutrition Expert

Howdy, y'all! Eaton here to Test Your Nutrition I.Q. about phytonutrients and cancer prevention. Research has shown that several types of cancer may be prevented through lifestyle modification, such as more regular physical activity and better diet. Many types of cancer may be attributed to our American McDiet — high in fat, low in fiber, and low in fruit and veggies. Fruits and vegetables have been shown to reduce the risk of many types of cancer, such as cancers of the esophagus, stomach, colon, rectum, lung, and prostate.

1. True or False:

A phytonutrient is what breaks out when two nutrients, who dislike one another, meet in a dark alley.

2. Choose the color that is not associated with a particular phytonutrient.

a. red

b. blue/purple

c. muted saffron

d. green

e. white

f. yellow

g. orange

3. Tomatoes are a good source of lycopene, a phytonutrient.

True or False:

Cooked tomato sauce is associated with greater health benefits, compared to uncooked tomato sauce.

4. Which of the following fruits and vegetables do not contain phytonutrients?

a. cruciferous vegetables (broccoli, cauliflower, cabbage, brussels sprouts, kale, turnips, bok choy, kohlrabi)

b. solanaceous vegetables (tomatoes, peppers)

c. cherry-flavored Life Savers

d. citrus fruits (oranges, lemons, limes, grapefruit)

e. beans, grains, seeds (soybeans, oats, barley, brown rice, whole wheat, flax seed)

f. banana-flavored Jell-O pudding pops

g. all except c & f

Answers:

1. I know this one was a real stretch, but I was working on a deadline and phyting the clock. The answer is false. From <http://www.5aday.gov>: "Phytonutrients are defined as substances found only in plants that provide health benefits in addition to those provided by vitamins and minerals alone. Phytonutrients, which represent thousands of different components in plant foods, differ from vitamins and minerals as they are not considered 'essential' nutrients. But, eating an abundance of phytonutrients from various fruits and vegetables has been associated with the prevention and treatment of at least four of the leading causes of death in the U.S., including cancer."

2. You won … if you picked **c.** Muted saffron is the color of my mother's house. How do I know? Because that is the color she had me paint it when I was a senior in high school! Some colors she did not choose were "allicin" (garlic, onion), "anthocyanin" (blueberry, Red Delicious apple), "indole"(broccoli, cabbage), "lycopene" (tomato, watermelon), "bioflavonoid" (orange, kumquat, and pomelo), and "beta carotene" (carrot, sweet potato, peach).

3. True. The heating process makes lycopene more easily absorbable by the body. Another tip: lycopene is fat soluble so, for better absorption, add a smidge of olive oil or some lean ground beef to your tomato sauce. Lycopene has been associated with a reduced risk for many cancers and protection against heart attacks.

4. Even Bill Cosby would agree that banana-flavored pudding pops do not contain phytonutrients. And — although one of my few childhood memories involves my Chihuahua Spunky Brewster tearing into a roll of cherry-flavored Life Savers and eating the entire pack, then puking on my bed — I too will admit it — there are no phytonutrients in cherry-flavored Life Savers. The answer is **g**.

Remember: many health benefits have been associated with phytonutrients, but taking a pill will not cut it! Supplements containing phytonutrients only provide selected components, but fruits and vegetables contain the benefits of a wide variety of good stuff. So, save your money and savor the flavor of fresh fruits and vegetables!

About the author: Eaton Wright is a certified NUT based in Austin, Texas.

Obesity a risk factor for cancer

By Krista Van Dine
Nutrition Intern, Southwest Texas State University

Everyone knows that overeating and lack of exercise can lead to obesity. It is also widely known that obesity can be a contributing factor to heart disease and diabetes. But it might come as a surprise that obesity can also be a risk factor for cancer. The American Cancer Society estimates that there are as many cancer-related deaths from poor diet and lack of exercise as from smoking. Of the half-million annual cancer deaths in this country, one-third can be attributed to poor diet and lack of exercise.

The following types of cancer have been linked, at least in part, to obesity: breast (among postmenopausal women), colon, endometrial, esophageal, gallbladder, pancreatic, and kidney.

What's fat got to do with it?

Researchers have discovered that our fat cells are capable of secreting hormones and growth factors that may indirectly promote cancer. Estrogen and insulin — two hormones that can be secreted by fat cells — contribute to rapid cell division, which increases the chance of random genetic error during replication, and can lead to cancer. Also, long-term exposure to the estrogen secreted by fat cells increases breast-cancer risk.

The obesity-cancer connection

While obesity is a risk factor for many types of cancer, breast and colon cancer are two of the top three cancers that kill women. Let's take a closer look.

Breast cancer

- The strongest evidence of a cancer-obesity link is with postmenopausal breast cancer. Researchers believe that, the longer a woman is exposed to estrogen over her lifetime, the greater her chance of developing breast cancer. Overweight and obese women, they believe, continue to produce estrogen after menopause via their fat cells instead of their ovaries. This prolonged exposure to estrogen increases their risk.
- There is evidence that excess weight gained during pregnancy raises breast-cancer risk following menopause.

Colon cancer

- Avoiding obesity is especially important in colon-cancer prevention. The cells in the colon are especially vulnerable to insulin's effects, because these cells naturally divide more rapidly. Insulin's contribution to rapid cell division increases the chance of random genetic error during replication and can lead to cancer.
- Studies have also shown that individuals who are moderately active have a lower risk of colon cancer and that vigorous activity may reduce the risk even more. The theory is that exercise helps move food through the intestine quicker, reducing the exposure to possible carcinogens.
- Even if you're eating a healthy diet and exercising, you should still have a colon screening if you're 50 or older. Early detection and removal of polyps can prevent colon cancer.

Dietary factors

A healthful diet is a powerful tool in the prevention of obesity and cancer. Conversely, poor dietary habits can increase cancer risk. A healthful diet is not some specialized, highly restrictive regimen, but rather a plan based on the Food Guide Pyramid that emphasizes variety — including plenty of fresh fruits, vegetables, and whole grains — and limits alcohol, fat, and refined foods. Take a look at the tips below; you may already be familiar with most of them.

- Alcohol, even in moderation, may also increase risk of both breast and colon cancer. The American Cancer Society recommends a limit of one drink a day for women and two for men. In a study of women who drank one serving of alcohol a day, those women taking a multivitamin supplying at

least 400 µg of folic acid had a 25 percent lower risk of breast cancer than those who didn't take a multivitamin.

- Folic acid has also been shown to reduce the risk of colon cancer, so it just makes sense to eat foods that are high in folic acid and to choose a multivitamin with at least 400 µg of folic acid.
- Eating fruits and vegetables reduces the risk of all types of cancer. The ACS recommends eating five or more servings of a variety of fruits and vegetables each day. Include fruits and vegetables at each meal and choose juices that say "100 percent fruit juice" on the label.
- Replace refined (processed) grains and sugars with whole grains. Limit pastries, doughnuts, sugary breakfast cereals, and soft drinks. Include whole-grain breads, rice, pasta, and cereals.
- Limit consumption of red meats; try fish, poultry, or beans instead. When you do eat meat, select lean cuts and eat moderate portions.
- Eating out can be a challenge. When you do eat out, avoid or limit high-calorie foods such as fried foods, high-fat sauces, dressings, and desserts. Also, eating smaller portions can help you control your weight. And remember, fat-free isn't the same as calorie-free. Foods labeled "fat-free" or "low-fat" often have added sugar that improves the taste but adds calories.

Run away from obesity and cancer!

You don't have to run. You can walk, garden, cycle, play with your children and pets, or do anything else that gets you and your family moving as a regular part of the daily routine. For specific recommendations on appropriate exercise, see "Physical Activity Can Help Reduce Risk of Cancer" page 6.

Obesity is our nation's fastest-growing health problem and, according to the American Cancer Society, obesity has reached epidemic proportions in the U.S. As Americans' waistlines get larger, the number of chronic diseases associated with being overweight increases. The advice for achieving and maintaining a healthy weight isn't changing, so it's up to us to start following that life-saving advice.

If we're going to reduce our risk for developing cancer and other obesity-related diseases, we have to modify our lifestyles. That means thinking about diet and exercise as two ways to improve overall health and well-being. Think about building healthy habits that are a part of everyday life, instead of making drastic, sporadic changes to meet short-term goals.

For more information:

American Cancer Society
1 (800) ACS-2345
<http://www.cancer.org>

National Cancer Institute
1 (800) 4-CANCER
<http://www.cancer.gov>

Harvard Center for Cancer Prevention
<http://www.yourcancerrisk.com>

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Thinking about career advancement in dietetics? Consider the Texas Department of Health dietetic internship!

If you have a degree in nutrition, but are not a registered dietitian, and you work at a WIC local agency, consider applying for a TDH dietetic internship. Becoming a dietetic intern means investing in your future. The internship provides supervised experiences in nutrition therapy, food-service management, and community nutrition. Upon completion of the 9-month internship, graduates will be eligible to take the registration examination for dietitians.

Each year TDH accepts up to 10 interns. Applications for the class that begins in January 2004 were available April 1, 2003, and are due by July 15, 2003. Check the Web site for current information at: <http://www.tdh.state.tx.us/wichd/nut/intern-intro.htm>.

To be eligible for the TDH dietetic internship an applicant must currently be employed in a Texas WIC local agency and have completed an American Dietetic Association–approved didactic program in dietetics. Interested applicants who have a baccalaureate degree in nutrition, but who are not sure if that included completion of a DPD program, should contact the university nutrition department. Persons who graduated before 1990 may have completed a Plan IV program. Individuals who completed a Plan IV program should contact a university with a DPD program to have their transcripts reviewed to determine what type of coursework needs to be made up to complete a DPD program.

Becoming a TDH dietetic intern increases your advanced nutrition and management skills. This will enhance your value to your employer and increase your chances of career advancement. Unlike most dietetic internships, you can complete the TDH dietetic internship while remaining a paid employee!

If you have questions about the application process, please contact:

Sherry Clark, M.P.H., R.D., L.D.
Director, TDH Dietetic Internship
Texas Department of Health
Bureau of Nutrition Services
1100 West 49th Street
Austin, Texas 78756
Phone: (512) 458-7111, ext. 2142
Fax: (512) 458-7446
E-mail: <sherry.clark@tdh.state.tx.us>

What the Internship Has Meant to Me

Ana Kraft, R.D., San Antonio Metropolitan Health District, Written 8/28/02

The internship has been an opportunity to grow in knowledge, skills, and personal growth. I have discovered a whole new me. While I may always be an introvert, I will not hold back my desire to make a difference in the community. I am looking forward to implementing the new skills I have acquired.

The internship has given me the opportunity to meet people in my profession who like and believe in their career, and the impact they have on the health of the people they care for. While not all my rotation experiences were positive, and I might have experienced some negativity; I did not at any single moment meet anyone who expressed a negative attitude about their profession. Some even wished they could do more. Therefore, looking back I can see that I learned something from every rotation that was not a part of the assignments.

This internship has had many stressful moments, however, it has been a fulfilling experience from which I have acquired a new strength to take on challenges with increased confidence, where there was none before. I know that more will be expected of me, while this may be a new stress to think about; I have learned that I can gather my thoughts, beat the stress, and meet the challenge. Then it will pass just like this internship, and I will be stronger because of it.

The internship has been a humbling experience because I have met people in the profession who are very knowledgeable, and zealous about sharing their knowledge and skills without making me feel as if I were incapable or below them. Initially, when I applied for the internship I thought of it as simply the next step. I now know that it is an experience that will help me to succeed, and achieve new goals.

Volumetrics: A technique for eating less

By Elaine Goodson, M.S., R.D.
Nutrition Education Consultant

Millions of Americans are looking for ways to lose or maintain weight. Yet most of the weight-control schemes that appear on the market just don't work. Volumetrics is a method that helps control weight and has research to back its claims — a healthful way to eat that allows a broad choice of foods. It offers a way to feel full on fewer calories while dieters lose weight slowly. Barbara Rolls of Pennsylvania State University developed the technique as a result of research on what makes people eat.

Satiety is the feeling of fullness at the end of a meal. Satiety research, the basis of volumetrics, found that different foods have differing effects on feeling full. Feeling full at the end of a meal causes people to eat less at the next meal. Foods with fewer calories per ounce make people feel full while they eat fewer calories. Foods with more calories per ounce provide more calories for the same feeling of fullness. As a rule, foods with fewer calories contain more water or fiber. Foods with more calories tend to be higher in fat.

Volumetrics emphasizes eating foods with high water content, such as fruits, vegetables, or soup. Research has shown drinking water does not effect satiety as much as consuming water-rich foods, like soup, and that liquids vary in their effects. Some liquids — soft drinks or sugar-sweetened beverages — act to quench thirst without affecting hunger. Many people take in lots of calories daily because they use soda to quench their thirst, but do not feel full after drinking it.

Other drinks, like milk, work to decrease hunger. Having milk with a meal will decrease the food eaten at the next meal. Soup can also reduce total calorie intake. Low-calorie broth or tomato-based soups at the start of a meal help people feel full and take in fewer calories during the rest of the meal. However, cream-based soups with high fat content will not help control calories.

Another way to add volume to foods is to increase servings of vegetables, which are low in fat and high in water. Also, put veggies in pasta, meat loaf, or other foods to cut calories and increase fullness.

The Food Guide Pyramid partners with Volumetrics. Here are suggestions for each food group:

Bread, Cereal, Rice and Pasta — choose high-fiber options

- Avoid pretzels or crackers
- Include high-fiber breakfast cereal or bread

Fruits and Vegetables — most are great choices, but avoid dried fruits, fried vegetables, or adding fat in preparation

- Include fresh fruits and vegetables or use cooking methods that do not overuse fats

Milk, Yogurt, and Cheese — choose lower-fat options

- Avoid whole milk, regular ice cream, and yogurt, and include skim milk, nonfat yogurt, and low-fat ice cream

Meat, Poultry, Fish, Legumes, Eggs and Nuts — choose leaner varieties

- Avoid fried chicken, fried fish, and marbled meats
- Include baked chicken (no skin), baked fish, and lean cuts of meats

Fats and Sweets — set limits and choose wisely

- Avoid regular salad dressings in large amounts, cakes with rich icing, and high-fat pastries
- Include smaller portions of high-fat foods; for dessert: baked fruits, hard candy, or a piece of chocolate

The Volumetrics approach to food selection provides a healthful eating pattern. It includes foods that are a part of the typical American diet, making it convenient to follow the plan. Volumetrics may help some WIC clients maintain their weight or change their eating patterns so that they lose weight slowly.

For more information about Volumetrics, consult these two books by Barbara Rolls and Robert Barnett: *The Volumetrics Weight Control Plan*, *Volumetrics: Feel Full on Fewer Calories*, New York: Harper-Collins, 2001.

Children with special needs: Pierre Robin malformation sequence

By Roxanne Robison, R.D., L.D.
Nutrition Consultant, Children with Special Health-Care Needs

This is the first in a new series of articles that will be a regular feature of WIC News. Each issue will feature an article on a condition relevant to infants and young children with special health-care needs. These articles will interest anyone who wants to learn about the special needs of these infants and young children.

Over the past year, I have had the privilege of getting to know an interesting family through my work as a dietitian with Easter Seals of Central Texas' Early Childhood Intervention Program. When I first met Georgette, her son Kamil was 6 months old. She told me that Kamil was her second child born with a condition known as the Pierre Robin malformation sequence (pronounced pee-yere row-BAN). Kamil has a small, underdeveloped lower jaw, termed micrognathia. His tongue is of normal size, but because the lower jaw is small, it seems large for the mouth and tends to ball up at the back of the throat, obstructing the airway (glossoptosis). Kamil also has a cleft palate — a frequent finding with Pierre Robin malformation sequence — but a cleft palate does not have to be present for the diagnosis to be made.

A malformation sequence occurs when one primary defect causes a cascade of other defects. In Pierre Robin malformation sequence, the problem begins when the lower jaw does not develop. That, in turn, causes the tongue to develop at the back of the mouth instead of moving towards the front. The tongue is forced up on the palate and may prevent the palate from closing. Pierre Robin may occur alone or in association with other malformations or disorders; in the latter case the condition is known as a syndrome. About 30 percent of children with Pierre Robin syndrome also have Stickler's syndrome, which includes early development of arthritis, problems of the eye (including glaucoma), and progressive hearing loss. Another 15 percent have velocardiofacial syndrome, characterized by facial anomalies, abnormalities of the heart, and behavior problems.

When a baby is born with Pierre Robin, the immediate concern is obstruction of the airway by the tongue. According to Georgette, "Kamil was placed on his back when he was born, like any other baby, but his oxygen-saturation rates kept dropping. He was given oxygen several times to increase the oxygen level in his blood. Not until we transferred him to a children's hospital, where the staff were familiar with this condition, did the problem improve. He was simply placed on his stomach so that his tongue fell forward instead of backward and did not obstruct his airway." Infants with Pierre Robin sometimes need to have a tracheostomy to help with breathing.

Kamil's 5-year-old sister, Bernadette, was also born with Pierre Robin. In typical good humor, Georgette says, "After Bernadette was born, the geneticist told me and my husband that we would have a one-in-four chance, in all future pregnancies, of having another baby with the same condition. We were just lucky, I guess."

Feeding difficulties are common in infants with this condition. Sucking-swallowing disorder is often cited as a cause of feeding difficulties and can lead to aspiration of fluid into the lungs. A swallow study done on Kamil showed that he aspirated thin liquids into his lungs but he swallowed thickened liquids without problems. Because of his oral defects and swallowing dysfunction, it was not possible for Kamil to nurse from his mother's breast or from a bottle to obtain all of his nutrition. Georgette knew that breastmilk was the best nutrition she could provide for Kamil. "I felt that breastmilk would be safer for Kamil if he were to aspirate," she said. Breastmilk, with its anti-infective properties, may also decrease the chance of Kamil getting ear infections, particularly important since infants with cleft palates are more susceptible to ear infections.

By the time I saw Kamil, he had been fed by nasogastric tube since 2 weeks of age. Despite feeding therapy, Kamil would never take more than a half-ounce of thickened breastmilk from a bottle. As his intake of solid food increased, Kamil was able to decrease the number of tube feedings from six times per day to two, which were given during the night, allowing more time for oral feedings during the day. As the dietitian, I provided guidance to the family about how much expressed breastmilk should be given to ensure adequate growth and nutrition, and suggested ways to provide a nutritionally complete diet as Kamil was weaned from tube feedings.

Towards the end of Kamil's first year, he became resistant to having the tube inserted through his nose to his stomach. His resistance got so severe that his father could not bear to be in the same room when his mother gave a feeding. It helped that Georgette had a nursing background. Had she been unable to insert the tube, Kamil would have required a more permanent, surgically placed gastrostomy feeding tube that would not need to be inserted every day and could not be easily pulled out. Still, the tube feedings were taking a toll on everyone. Although Kamil eventually was able to take thin liquids without the risk of aspiration, he refused to take any liquid by mouth except for water. When Kamil first came off tube feedings, he did not drink enough water to meet his fluid needs, resulting in blood in his urine from crystals that formed due to inadequate fluid intake. As he learned to regulate his own thirst, fluid intake was no longer an issue.

Georgette was able to express her breastmilk to meet Kamil's needs for the whole first year. When asked how, she replied, "I think it was because I used a Madella electric breast pump and I applied olive oil to my nipples to prevent cracking. I also think it was because I ate a lot of almonds, which, according to folklore in my culture, helps to produce milk."

With Pierre Robin, growth of the lower jaw will achieve an essentially normal profile within 4–6 years without any surgical intervention.

Kamil had surgery to repair his cleft palate recently, and the surgery was successful. He is now eating and drinking on his own, and his gastric tube has been removed. He was placed on a soft diet for about two weeks after surgery, and his parents report that now he eats everything on his plate, and then tries to eat everything left on his sister's plate. He will likely require speech therapy as well as orthodontic work on his teeth in the future, but despite his many health concerns as an infant, his prognosis is quite good.

New WIC directors survive information avalanche — emerge unscathed

By Pat Ogle
Training Specialist

Susan Peace, Project 59; Denae Arnold, Local Agency 51; Krystal Seger, Local Agency 97; Silvia Arias, LVN, Project 68; Terry Reese, Project 10

Five new local agency WIC directors participated in the semi-annual New Directors Orientation Training, conducted February 11 through 13, at the WIC Training Center on Howard Lane in north Austin.

New directors attending the training included

- Terry Reese, Project 10, Sherman
- Denae Arnold, Project 51, Sinton
- Susan Peace, Project 59, San Antonio
- Silvia Arias, Project 68, Uvalde
- Krystal Seger, Project 97, La Grange

Just as Texas WIC serves a diverse participant population, these new directors administer local agencies that are diverse in both location and size.

Terry Reese has long experience at Project 10. When her predecessor and good friend Joe Ellen Ticknor retired recently, Terry was promoted to director. Terry jokes, "The orientation training is a life saver in getting you up to speed on those special responsibilities only a local agency director has."

Denae Arnold is completely new to WIC. Having decided on a career change after much experience working for Protective and Regulatory Services, Denae says she "really appreciates the positive and welcoming qualities that help make up the Texas WIC attitude."

Susan Peace, though new to Project 59, knows plenty about WIC, having worked at several agencies around the state, most recently in Williamson County. Susan agrees: "No matter how many years you've had working for WIC, it's still a whole new ball game when you become a director."

Silvia Arias is almost a one woman band at Project 68, as she has to serve participants spread thinly over two rural counties mostly by herself. Serving the area around Uvalde, Silvia's agency is about as far from a big city mega-agency as you can get!

Krystal Seger has been directing Project 97 for some time, but her WIC workload and commitments meant that this was her first opportunity to attend the orientation. Had she been able to train earlier, Krystal understands, her transition to the director's role would have been less bumpy — so she was glad to finally attend.

All the directors enjoyed themselves, despite the sheer volume of what they were asked to learn in a short time. They asked good questions, and participated actively in discussions and other training activities. Many presenters commented on what a pleasure it was to share information and expertise with such an engaged group. Presenters also appreciated the detailed evaluations they received suggesting ways to improve future orientation trainings.

WIC Orientation for new and recent local agency directors and other interested persons is offered twice a year, usually in February and September. WIC policy TR:02.0 requires local agency directors to attend the orientation training within six months of employment.

Give your clients, staff a precious gift: Start a Peer Counselor Program

By Jewell Stremler, C.L.E.
Peer Counselor Coordinator

Do you want the breastfeeding rate at your agency to be higher? Does your agency meet the required breastfeeding performance measure? Do you want to give your staff some new enthusiasm for promoting breastfeeding? Make implementing a Peer Counselor Program your agency's project. The peer counselors' role is to give pregnant and breastfeeding moms encouragement, information, and support to help them breastfeed. However, there are also many unanticipated benefits of the program.

One exciting benefit is that a peer counselor's enthusiasm for breastfeeding promotion is often contagious. Many agencies report that peer counselors have rejuvenated the rest of the WIC staff's interest in promoting breastfeeding. The idea at the heart of the program is that, as peers, these mothers have an ability to help and influence other mothers that health professionals do not have. This influence also transfers to staff. Getting to know a WIC mother with so much enthusiasm for breastfeeding helps staff understand how important and empowering the decision to breastfeed can be to WIC clients. Often WIC directors and breastfeeding coordinators report a new dedication to breastfeeding promotion by staff across the agency after implementing a Peer Counselor Program.

Peer Counselor Programs provide other benefits often lauded by WIC staff. Peer counselors:

- free staff time for high-risk counseling, pump issuance, or other duties;
- give staff insight into the community and clients WIC serves;
- provide translation assistance for breastfeeding issues, if bilingual;
- help answer breastfeeding questions;
- offer opportunities to learn more about breastfeeding; and
- create opportunities to make new friends.

There is no better time than now to start a new program. Special funding is available to assist local agencies with peer counselor salaries and training costs. Peer-counselor trainer workshops are held to guide breastfeeding coordinators, WIC directors, and others interested in implementing successful Peer Counselor Programs.

WIC has consistently seen higher breastfeeding rates after agencies implement Peer Counselor Programs. The City of Houston WIC program recently celebrated the tenth anniversary of its Peer Counselor Program and boasts a 77.4 percent breastfeeding initiation rate among Born-to-WIC infants, as well as a 62.2 percent initiation among African-American moms, who traditionally have the lowest rates. When the San Angelo WIC program started a Peer Counselor Program in March 2002, the local Born-to-WIC breastfeeding initiation rate was 32 percent. By June it had increased to 56 percent.

If you want more of the mothers and babies you serve to enjoy the benefits of breastfeeding, please contact Jewell Stremler at (512) 341-4400, ext. 2303, or e-mail <jewell.stremler@tdh.state.tx.us> for assistance in starting your new Peer Counselor Program.

Highly fortified cereals can prevent some serious birth defects

By Amy Case
Communications Manager
Texas Birth Defects Monitoring Division

Folic acid and neural-tube defects

Neural-tube defects of the spine, such as anencephaly and spina bifida, are serious defects of the brain that affect, on average, about one pregnancy every day in Texas. Scientific studies clearly show that adequate intake of folic acid before conception can prevent up to 75 percent of NTDs. In fact, the evidence is so strong that in 1996 the National Academies of Science's Institute of Medicine officially recommended that all women of childbearing age get 400 µg of folic acid daily from folic acid–fortified foods (such as cereals and other enriched grains) and a folic-acid supplement, in addition to a varied diet.

However, despite public information campaigns and professional educational efforts by the Texas Department of Health, the March of Dimes, and other groups to encourage women to take a folic-acid supplement daily, only about one-third of women ages 18–44 in Texas and nationally do so, and that number has remained essentially unchanged over the past five years.

Grain fortification

Is daily vitamin pill supplementation the only weapon we have against neural-tube defects? Maybe not.

In January 1998 the U.S. Food and Drug Administration required that all enriched grain products be fortified with 140 µg of folic acid per 100 grams of grain. This has resulted in a fortification level of 100 µg per serving, or 25 percent of the recommended daily allowance for the typical serving of breakfast cereal.

It's estimated that Americans have increased their daily intake of synthetic folic acid by nearly 200 µg since mandatory fortification began, and it appears that grain fortification has had a modest effect — new cases of NTDs in the U.S. have declined by 19 percent since fortification.

Highly fortified cereals

The FDA-required levels of fortification, however, are minimum standards. Food processors are free to add even higher levels of synthetic folic acid to their products, and many do.

In 1998 only a handful of relatively expensive breakfast cereals such as Total and Product 19 were highly fortified, providing a full 400 µg per serving of folic acid. Since that time, the number and variety of highly fortified cereals (HFCs) has grown dramatically, suggesting that women could meet their daily folic-acid requirements just by eating a bowl of breakfast cereal, instead of taking a supplement. However, little is known about actual HFC consumption by women of childbearing age, so the Texas Birth Defects Research Center at TDH surveyed women in Texas to assess their awareness and consumption patterns of cereal, including HFCs, as well as the contribution of HFCs to their total consumption of folic acid.

The Texas Women's Health Survey is a 15-minute computer-assisted telephone interview of about 1,200 Texas women of childbearing age conducted in 1997 and again in 2001. The 2001 survey included two questions about breakfast cereal consumption in general and about specific brand use. Interviewers were provided with a checklist of 44 private-brand cereals known to contain 400 µg of folic acid per serving (see sidebar), and recorded other brand responses. How often the women consumed breakfast cereal, including HFCs, was analyzed in conjunction with various demographic

characteristics, including age, educational level, household income, and race or ethnicity. The survey was offered in both English and Spanish.

Results

Because folic-acid supplementation is only effective in preventing NTDs before conception or in the first days of pregnancy, the following results only include responses from the 1,094 women who were not pregnant at the time of the survey.

In order to assess the degree to which breakfast cereal is a significant part of women's diets, the study first looked at the frequency of consuming any breakfast cereal. About 17 percent of non-pregnant women of childbearing age reported eating any breakfast cereal daily. Nearly half of non-pregnant women surveyed reported consuming some type of breakfast cereal at least twice a week, and 31 percent ate cereal 2–4 times a week (Table 1).

No significant differences were found in consumption of breakfast cereal between ethnic, income, or education-level groups. However, women ages 35–44 were significantly less likely then those under 35 to eat cereal daily.

The impact of HFC consumption

Fewer than 5 percent of those surveyed indicated that they ate an HFC daily. However, an additional 9 percent were eating HFCs 2–4 times per week, which will help them get closer to 400 µg per day, especially when combined with occasional vitamin pill supplementation.

There were no significant differences among women grouped by race or ethnicity, age, education, or household income who ate HFC daily or 2–4 times per week.

Although HFCs do not appear to contribute greatly to folic acid intake, slight differences in the demographics of cereal consumption may present an additional opportunity for increasing the number of women assured of getting 400 µg of folic acid daily. Younger women, Hispanic women, and women of lower socioeconomic status are less likely than their counterparts to take a daily supplement containing folic acid, but at least somewhat more likely to consume cereal. Thus, if more cereals were highly fortified, or if women could be influenced to change to highly fortified brands, these women would benefit.

In fact, one survey indicated that Latinas, whether born inside or outside the U.S., were more likely to eat breakfast cereal in the three months before pregnancy. Since NTDs disproportionately affect Hispanics, especially those along the Texas-Mexico border, HFCs may be helpful in raising folic-acid consumption among this group of women. Indeed, another study published by TDH in 2002 found that blood folate levels (a measure of folic acid intake) among Mexican-American women along the border had increased dramatically between 1995 and 2000.

Table 1. Consumption of any cereal compared with HFC (Texas, nonpregnant women, 2001)

Cereal Consumption Frequency	Any Cereal		Highly Fortified Cereal	
	No. Participants	Percent	No. Participants	Percent
Daily	191	16.9	56	4.6
2–4 times/week	347	31.2	101	9.2
~1 time/week	134	12.5	22	2.5

Low-impact intervention

Taking a folic-acid supplement such as a multivitamin pill is effective in preventing many NTDs; however, women have been reluctant to add this practice to their daily routine. Highly fortified cereals, if eaten daily, can provide equal protection, and so can help women take in the recommended amount of folic acid without supplements. Women who already eat breakfast cereal daily should be told which cereals can help them meet their need for folic acid, and women who eat cereal less regularly should be encouraged to increase their intake of breakfast cereals, especially HFCs.

For more information about neural-tube defects and folic acid, or for specifics about the Texas Women's Health Survey, please contact Amy Case, Texas Birth Defects Monitoring Division, at (512) 458-7232, or by e-mail at <amy.case@tdh.state.tx.us>.

Highly fortified cereals included in the Texas Women's Health Survey, 2001

Kellogg's

All-Bran Original
All-Bran with Extra Fiber
All-Bran Bran Buds
Complete Oat Bran Flakes
Complete Wheat Bran Flakes
Crispix
Healthy Choice Almond Crunch with Raisins
Healthy Choice Low-Fat Granola with Raisins
Healthy Choice Low-Fat Granola without Raisins
Healthy Choice Mueslix
Healthy Choice Toasted Brown Sugar Squares
Just Right Fruit and Nut
Product 19
Smart Start
Special K
Special K Plus

General Mills

Total Corn Flakes
Whole Grain Total
Total Raisin Bran
Brown Sugar and Oat Total
Multi Grain Cheerios

Quaker

King Vitaman
Crunchy Corn Bran
Life (Plain)
Life (Cinnamon)
Toasted Oatmeal Squares (plain)
Toasted Oatmeal Squares (cinnamon)
Toasted Oatmeal (plain)
Toasted Oatmeal (honeynut)
Quaker Oat Bran RTE
Captain Crunch Red Box
Captain Crunch with Crunch Berries
Cinnamon Crunch
Toasted Oats
Honey Nut Oats
Honey Grahams
Cocoa Blasts
Frosted Toasted Oats
Fruitangy OH's
Fruity Ocean Adventure
Honey Dipps
Apple Zaps
Marshmallow Safari
Crispy Corn Puffs
Honey Graham OH!'s
Captain Crunch Peanut Butter Crunch
Captain Crunch's Oops! All Berries
Sweet Crunch
Quisp

News to use

By Laurie Coker,
Breastfeeding Promotion Specialist

Pamphlets and recipe book

Breastfeeding and Working Works for Me! — Stock Nos. 13-06-11496 (English) and 13-06-11496a (Spanish) — is now available. Order this publication using the Texas WIC order form. Information on pumping, maintaining milk supply, and handling and storing human milk are included in this colorful pamphlet for working and breastfeeding moms.

Colostrum/El calostro — Stock No. 13-06-11549 — is a bilingual flier, in English and Spanish, on the benefits of colostrum, what it looks like, and what new moms can expect when mature milk replaces colostrum. This is an excellent handout for breastfeeding lessons BF-000-12, BF-000-15, BF-000-18, BF-000-19, BF-000-20, BF-000-22, and BF-000-26.

Cooking with Fruits and Vegetables, Recipes for Every Kitchen — Stock No. 13-06-11435 (English) and No. 13-06-11435a (Spanish) — is now available for ordering on the Texas WIC order form. Included are 29 recipes, a selection and storage guide, measurement equivalents, and a glossary of cooking terms. The back cover features information on how to put out a cooking fire.

Video and lesson

Baby's First Spoonful, produced by Lemon-Aid Films, Inc. is a new infant feeding video to be shown with lesson, IF-000-16. The video and lesson set teaches parents how to start introducing solid foods to infants in an enjoyable way. It demonstrates how to tell when your baby is developmentally ready for solids, which foods to introduce first, and how much and how often to feed solids to your baby each day. The lesson, including a handout — "Healthy Eating During the First Year" — and video were mailed to all local agencies in late 2002. Non-Texas WIC agencies may order the video at <http://www.nutritionvideos.com>.

Manuals for peer-counselor training, books on breastfeeding

WIC local agencies can now order all the books needed for peer-counselor training from the WIC Warehouse. Trainers no longer have to make copies of the counselor's section of the Peer Counselor Manual. This section of the manual has been given its own name and stock number. Order the WIC *Breastfeeding Peer Counselor Training Manual for the Counselor*, Stock No. 13-06-11342, on the Texas WIC order form.

The following publications are required resources and must be ordered prior to the training. They are not included in the training manual. Order these on the Texas WIC order form.

- *The Womanly Art of Breastfeeding*, Stock No. F-2c
- *El arte femenino de amamantar*, Stock No. F-1b
- *The La Leche League Breastfeeding Answer Book*, Stock No. D-2c
- *Lactancia materna: Libro de respuetas*, Stock No. C-6e (Spanish)
- Two La Leche League pamphlets:

  (1) *When Babies Cry*, Stock No. E-6e

  (2) *How to Handle a Nursing Strike*, Stock No. F-le
- *The WIC Peer Counselor Manual for the Instructor*, Stock No. 13-140. Order three weeks in advance to ensure receipt in time for your training. These books are restricted to WIC programs in Texas to be used specifically for training peer counselors. Others may download the manuals from the Texas WIC Web site at <www.tdh.state.tx.us/lactate/peer> and order the books from La Leche League International. Note to Texas WIC agencies: order only the number you need for training during the next few months.

Training schedule

Classes remaining in 2003

For more information on upcoming classes, contact the appropriate staff for the following classes.

Certification Classes
Anita Ramos, (512) 341-4400 ext. 2218, <anita.ramos@tdh.state.tx.us>

Teaching Group Classes
Janice Carpenter, (512) 341-4400, ext. 2248 <janice.carpenter@tdh.state.tx.us>

Classroom Management
Janice Carpenter, (512) 341-4400, ext. 2248, <janice.carpenter@tdh.state.tx.us>

Professional Development
Todd Shaw, (512) 341-4400, ext. 2266;
Elvia Andarza, ext. 2257; or
Esther Diaz, ext. 2267

<todd.shaw@tdh.state.tx.us>, <elvia.andarza@tdh.state.tx.us>, or <esther.diaz@tdh.state.tx.us>

Patient Flow Analysis
Anna Garcia, (512) 341-4400, ext. 2246; or
Ted Manning, ext. 2274

<anna.garcia@tdh.state.tx.us> or <ted.manning@tdh.state.tx.us>

Nutrition Training
Shirley Ellis, (512) 341-4400, ext. 2304; or
Rachel Edwards, ext. 2296

<shirley.ellis@tdh.state.tx.us> or <rachel.edwards@tdh.state.tx.us>

Vendor Training
Todd Shaw, (512) 341-4400, ext. 2266;
Elvia Andarza, ext. 2257;
or Esther Diaz, ext. 2267

<todd.shaw@tdh.state.tx.us>, <elvia.andarza@tdh.state.tx.us>, or <esther.diaz@tdh.state.tx.us>

Formula
Liz Bruns, (512) 341-4400, ext. 2268;
<liz.bruns@tdh.state.tx.us>

For more information on breastfeeding trainings, use the Web site at <http://www.tdh.state.tx.us/lactate/courses.htm>.

To obtain a registration flyer, call (512) 341-4400 ext. 2302, fax (512) 341-4406, or e-mail <hellen.sullivan@tdh.state.tx.us>.

For peer-counselor training, contact Jewell Stremler at (512) 341-4400 ext. 2303 or e-mail <jewell.stremler@tdh.state.tx.us>.

Certification Training

New WIC Staff

July 22–24	Austin
Sept. 23–25	Austin
Nov. 12–14	Austin

Advanced C.A. (Certifying Authority) Training

June 25–26	Austin
Dec. 16–17	Austin

Formula Policy and Basic Formula Information

June 4	San Antonio
June 11	Amarillo
June 12	Lubbock
June 30	Houston
July 8	McAllen
Aug. 12	Austin
Sept. 9	Dallas

Teaching Series

Teaching Group Classes

June 27	Corpus Christi
Aug. 18	Austin

Class Management

Aug. 19	Austin

Creating Skills to Cope and Deal with Difficult Clients and Situations

June 17	Austin
Oct. 21	Austin

Facilitated Discussion

July 14	Austin

July 18	Corpus Christi
Sept. 15	Austin

Love 'Em or Lose 'Em: Key to Employee Retention

June 17	Austin
Oct. 21	Austin

Advanced Finance

July 15	Austin

Patient-Flow Analysis

New WIN PFA Training or Needs Analysis Class

Tentative Dates

June 12	Houston
June 26	San Antonio
July 24	El Paso
Aug. 14	Austin
Sept. 3	Corpus Christi
Oct. 2	Lubbock

WIN PFA – Phase I

Tentative Dates

Sept. 24–25	Austin

WIN PFA – Phase II

Tentative Dates

Oct. 29–30	Austin

Breastfeeding

Mini I and II

Mini I and Mini II are scheduled as requested. Contact Helen Sullivan at (512) 341-4400, ext. 2302.

Phase I

June 16–17	Longview
July 15–16	San Antonio
Aug. 5–6	Odessa
Sept. 22–23	Abilene
Nov. 10–11	Corpus Christi

Phase II

June 18–20	Austin
July 15–17	Fort Worth
Aug. 5–7	Houston
Sept. 9–11	Longview
Oct. 14-16	El Paso
Nov. 17–19	Abilene
Dec. 9–11	Midland

Peer Counselor Trainer Workshop

Sept. 16–18	Austin

Professional Development

June 18–19	Supervisory Skills — Edinburg
July 22–24	7 Habits of Highly Effective People — Tyler
Aug. 12–14	7 Habits of Highly Effective People — Houston
Sept. 3–5	4 Roles of Leadership — El Paso
Oct. 21–23	4 Roles of Leadership — Houston
Nov. 19–20	Supervisory Skills — Austin
Dec. 9–11	4 Roles of Leadership — Tyler

Vendor Training

June 10–11	Longview / Texarkana
June 17	Houston — GCRA
July 8–9	Corpus Christi / Victoria
July 30	Bryan
Aug. 13	San Antonio
Aug. 26–28	Port Arthur/Beaumont/Conroe
Sept. 10	Houston — GCRA
Oct. 7–9	San Angelo / Midland / Abilene
Oct. 14–15	Crystal City / Laredo
Nov. 5–6	Amarillo / Lubbock
Dec. 2–3	Tyler / Lufkin

Nutrition Training

Tentative Dates

June 9–10	San Antonio
Aug. 20–21	Dallas
Dec. 10–11	Houston

New WIC Director Orientation

Sept. 9–11	Austin

New WIC Employee Orientation

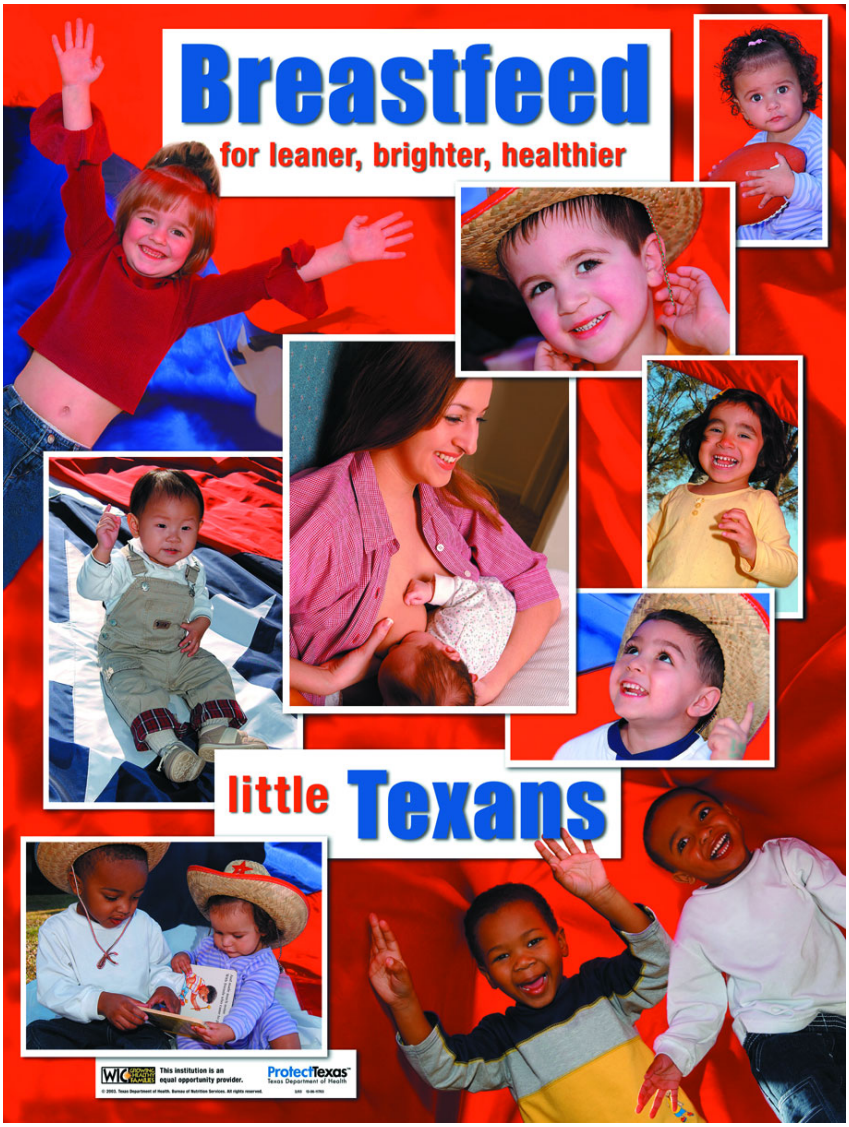
July 15	Austin
Sept. 16	Austin
Nov. 10	Austin

Formula Conference Calls

Times are from 10 to 11:30 a.m. for Local Agencies 1–53 and 12 noon to 1:30 p.m. for Local Agencies 54–108.

June 17	C.A. conference call
Aug. 19	R.D. conference call
Sept. 16	C.A. conference call
Nov. 18	R.D. conference call
Dec. 16	C.A. conference call

August is World Breastfeeding Month



Texas WIC News is now available on the Texas WIC Web site!
<http://www.tdh.state.tx.us/wichd.gi.wicnews.htm>

For information about subscriptions to *Texas WIC News*, e-mail <joyce.leatherwood@tdh.state.tx.us>, or call (512) 341-4400 ext. 2288#.

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WIC, Bureau of Nutrition Services
Texas Department of Health
1100 W. 49th St.
Austin, TX 78756

PERIODICALS

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